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ABSTRACT

This document consists of the 2002-2003 issues of a quarterly newsletter intended to communicate the major developments within each sector of the child and youth indicators field. The newsletters feature regular sections on the community, state, and national scenes, and include sections of resources and data. The Summer 2002 issue includes articles on the impact of the No Child Left Behind Act on state education indicators, the release of the Child Trends data bank, the International Social Survey Program, the 2002 National Youth Summit, and the Philadelphia Safe and Sound organization. The Winter 2003 issue includes articles on results of the California Health Interview Survey, sources of children's health data, a Child Trends research brief series on American teenagers, delays in the implementation of the American Community Survey, and technical assistance workshops for states regarding youth indicators. The Spring 2003 issue identifies new online resources from KIDS COUNT, describes data tools available through the Let's Invest in Families Today Web site, describes recent research from the Innocenti Research Center in Italy, and discusses the role of child well-being indicators in monitoring children in child welfare settings. The Summer/Fall 2003 issue includes articles on Oregon benchmarks, social indicators in the service of social change in South Africa, questions about the National Vital Statistics System, the Indicators of Positive Development Conference, and the Baltimore Neighborhoods Indicators Alliance. (KB)

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The Child Indicator: The Child, Youth, and Family Indicators Newsletter, 2002-2003.

Vol. 4, No. 1-4 Sum-Fall 2002-2003

Brett Brown, Editor
Berkeley Smith, Editor

Child Trends, Inc.

2003

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The Child Indicator

THE CHILD, YOUTH, AND FAMILY INDICATORS NEWSLETTER

Summer, 2002 Vol. 4, Issue No. 1

No Child Left Behind's Impact on State Education Indicators

On January 8, 2002, President Bush signed into law the Elementary Secondary Education Act (ESEA) known as the No Child Left Behind Act. The Act and subsequent policy decisions by the National Assessment Governing Board (NAGB) have ramifications for state education indicators in general, and for state assessment data and state NAEP assessments in particular.

Each state wishing to receive Title 1 funds of the Elementary Second Education Act must submit a State Plan to the Secretary of Education demonstrating that the state has adopted challenging academic content and achievement standards. The achievement standards must be aligned with the state's academic content standards, and describe basic, proficient, and advanced levels of achievement.

The states must develop an accountability plan ensuring that all public school students make "adequate yearly progress", according to the state's definition, toward meeting the state's academic achievement standards while narrowing gaps in achievement, for example, between economically disadvantaged students and others. Progress on achievement must be measurable for all public school students, economically disadvantaged students, all racial and ethnic groups, students with disabilities, and students with limited English proficiency.

In addition to achievement measures, the indicators used to measure progress must include graduation rates for public secondary school students (defined as the percentage of students who graduate from secondary school with a regular diploma in the standard number of years), and at least one other academic indicator, as determined by the state. Other indicators may be included at the state's discretion, such as achievement on additional state or locally administered assessments, retention rates, attendance rates, or the percentage of students in advanced courses.

States must set timelines and targets for "adequate yearly progress" that ensure that students in all the above groups meet or exceed the state's proficient level of academic achievement (defined by each state) on state assessments within 12 years. For example, on the NAEP Mathematics assessment in 2000, 27 percent of eighth graders performed at or above the proficient level.

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http://www.childtrends.org/ci

Recently Released

Health, United States, 2002 with Chartbook on Trends in the Health of Americans is an annual report by the National Center for Health Statistics on trends in the health statistics of Americans. The report features 147 data tables arranged into eleven categories: Population, Fertility and Natality, Mortality, Determinants and Measures of Health, Ambulatory Care, Inpatient Care, Personnel, Facilities, National Health Expenditures, Health Care Coverage, and Health Care Coverage and Major Federal Programs

Website: http://www.cdc.gov/nchs/hus.htm

PDF version of report: http://www.cdc.gov/nchs/data/hus/hus02.pdf

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Published by Child TRENDS

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Statement of Purpose

The goal of **The Child Indicator** is to communicate major developments and new resources within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. By promoting the efficient sharing of knowledge, ideas, and resources, **The Child Indicator** seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

Child Trends, a nonpartisan, nonprofit research center that has been active in the child and youth indicators field for 20 years, produces and distributes **The Child Indicator** with funding from the Annie E. Casey Foundation. We welcome your comments and suggestions. All communications regarding this newsletter can be directed to childindicator@childtrends.org.

Brett Brown, Ph.D. and Berkeley Smith, Editors

National Scene

Child Trends Releases the DataBank!

http://www.childtrendsdatabank.org

If you've ever spent time searching the internet for quick, up-to-date, and reliable information on children, youth, and families, then this is the site for you. On June 28th, Child Trends launched the Child Trends DataBank, a new website that is a one-stop-shop for the latest national statistics and research on children and youth. The DataBank provides up-to-date data on a comprehensive set of indicators, making it a valuable source of information for policy makers, advocates, researchers and others interested in the well-being of children and youth.

The DataBank provides data on more than 70 key indicators in the following areas:

- **Health** (for instance, percent of overweight children, percent of children with learning disabilities or percent of youth carrying weapons),
- **Social and emotional development** (for instance, percent of young children "ready" to start school, percent of students attending religious services or percent of teens who report "binge drinking),
- **Income and work** (for instance, parental employment, percent of children covered by health insurance, percent of children receiving food stamps or percent of children receiving welfare benefits),
- **Education** (for instance, trends in academic proficiency, percent of children watching television during the week or rates of parental involvement in their children's schools),
- **Demographics** (for instance, the number of children in the U.S. with racial/ethnic breakdowns, and the percent of children living with two parents) and
- **Family and community** (for instance, trends in the percent of parents who believe in spanking as an appropriate form of discipline and the percent of youth who volunteer).

Each indicator is briefly explained in plain language, with special attention to research that indicates the importance of the indicator and to key trends and subgroup differences. Figures highlight important national trends or differences and easy to read tables present the data. The figures and tables can be downloaded for use in reports and presentations. A PDF version of the write-up on each indicator is also available for downloading or printing.

One of the greatest strengths of the DataBank is the ability to update estimates as soon as new data are released. Within a week of the release of any new data, the DataBank will have it up online with an updated version of the write up. This component makes it a much more useful tool than the traditional yearly reports that cannot keep up with the release of new estimates.

Data included in the Child Trends DataBank come from reliable sources of national data, such as federal reports and websites, as well as some original data analysis by Child Trends. Trend data are provided when available.

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International Social Survey Program (ISSP)

For 19 years, the International Social Survey Program (ISSP) has been operating with the goal of producing internationally comparable data on a variety of social topics. They now have a large collection of cross-national and cross-cultural data on a variety of issues of interest to social science researchers.

The survey explores adult attitudes on a large variety of topics including some that are directly relevant to children and their families, for example, parenting practices, parental labor force participation, and child care (see box below for a complete listing).

Started in 1983 to further the international coordination of social science surveys, the ISSP develops short survey modules that can be fielded as part of already existing national surveys. Member countries work together to choose topics of interest and to develop the surveys. Today the number of participating countries has grown to 38, all of which fund their own participation. For information on the years countries joined and which surveys countries have participated in, go to http://www.issp.org/info.htm#working principles

ISSP surveys are designed as 15-minute modules to be included as part of larger social surveys. They are usually administered to adults 18 and over, although some countries interview youths younger than 18. Even countries that do not directly interview youths often obtain information from adult respondents about the children in the household. At a minimum, the ages of all children in the household are obtained. Each year the ISSP module covers a different topic, with topics repeating approximately every six years so that trends across time can be tracked. In addition, there is a core of socioeconomic background variables used in all surveys.
One of the founding principals of the ISSP was to disseminate results and research "to the social science community as soon as possible." The ISSP archive, the Zentralarchiv (ZA), is responsible for fulfilling this mission. ISSP survey data are available on CD-ROM as SPSS portable files for the years 1995 through 1999 and can be ordered at http://www.gesis.org/en/data_service/issp/guide.htm. Codebooks and questionnaires can also be ordered or are available online at http://www.gesis.org/en/data_service/issp/guide.htm.

ISSP Survey Modules	
1985 1990 1996	*Role of Government*: module includes questions on the role of the government, peoples' attitudes about civil liberties, education and parenting, welfare and assessing social equality and the economy.
1986 2001	*Social Networks*: module looks at social networks and support systems by asking people about their contact with friends and relatives.
1987 1992 1999	*Social Inequality*: module explores themes of social equality: asking respondents their beliefs about social mobility, explanations for inequality, views concerning social conflicts, and related topics.
1988 1994 2002	*Family & Changing Gender Roles:* module examines the increasing labor force participation of women and how it affects the family. Questions cover marriage and cohabitation, divorce, children, child care, labor force demographics, and earnings of men and women.
1989 1997	*Work Orientations*: module collects information on work and includes questions about work motivation, job satisfaction, working conditions, and desirable job characteristics.
1991 1998	*Religion*: module examines the impact of religious beliefs and behaviors on social, political, and moral attitudes. Religious questions ask participants about current religious activities, religion and their upbringing, traditional Christian beliefs, and existential beliefs. Non-religious questions ask participants about personal morality, sex roles, crime and punishment, and abortion.
1995 2003	*National Identity*: module explores nationalism and patriotism, localism and globalism, social diversity, and immigration.
2004	*Citizenship*: new module is being created.

In addition to the survey data, there are five collections of ISSP research available online as well as an online bibliography of research papers that use ISSP data from at least two countries (http://www.issp.org/public.htm). For further information on these research collections please contact the ISSP Secretariat at smith@norcmail.uchicago.edu

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For general information, please contact:
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Websites: http://www.issp.org/
http://www.gesis.org/en/data_service/issp/

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New Additions for the Youth Risk Behavior Surveillance System (YRBSS)

When the Centers for Disease Control and Prevention released the results from the 2001 Youth Risk Behavior Survey (YRBS) earlier this summer, they also unveiled a new look for their website. Many useful and advanced features have been added. The release of the 2001 results marks a decade of important work in the field of youth indicators for YRBS. The YRBS was the first national effort to collect data at the state and local levels on the risk behaviors that affect the health of America's youth.

The indicators in the YRBS are arranged into six broad categories: drug and alcohol use; tobacco use; unhealthy dietary behaviors; inadequate physical activity; activities that may result in violence or unintended injuries; and sexual behaviors that could lead to unintended pregnancy, HIV transmission, or another sexually transmitted disease. YRBS data provide vital health information to federal, state, and local officials, health workers, advocates, and many others.

The addition of new features to the YRBS website makes all of the data easier to access. The Youth 2001 Online link on the main YRBS page allows users interactive access to YRBS data from 1991-2001 http://www.cdc.gov/nccdphp/dash/yrbs/youth01online.htm Users can now get both graphic and tabular representations of the following data:

- Comparison data for a given location over time for a specific question;
- Comparison data across two locations;
- Comparison data for two locations for specific questions;
- Detailed results for a given location and survey question by gender, race/ethnicity, or grade and by survey year;

For example, if a health care worker in Boston wants to know how health risk behaviors of youth in Boston compare to those of all youth in Massachusetts, she could use the "compare results from two locations" feature, which returns a table displaying the results of all questions used in both the Boston and Massachusetts surveys. The results are listed by question with the percent and confidence interval provided for each location along with a column telling whether or not there is a statistically significant difference.

From the YRBS home page, users can link to a number of other valuable components of the YRBS site. There is a link to the 2001 summary report, available as an html or as a PDF file. In addition, summary results are available for the United States and by state. This gives information on the leading causes of death as well as the 2001 YRBS results for many questions (also available as a PDF file). A survey participant map graphically depicts the states and cities that conducted the YRBS in 2001. In addition, if you are unable to find the data you are looking for or just want to run analysis yourself, all the data and documentation files for the national sample are available for 1991-2001 in ASCII, SPSS, and SAS formats.

Please visit the newly improved YRBSS website at http://www.cdc.gov/nccdphp/dash/yrbs/info_results.htm.

For participating locations, see table on following page

National Youth Summit

The National Youth Summit held in Washington, DC in late June of 2002, brought practitioners, researchers, policymakers, and youth together to focus on positive youth development. The Summit, sponsored by the Administration for Children and Families of the Department of Health and Human Services in collaboration with other federal agencies, sought to promote information sharing and cross-agency collaboration focusing on a positive youth development approach, to explore expanding the use of this approach to programs focused on risk-behaviors, and to encourage the use of practices whose effectiveness is grounded in high quality research.

Social indicators of positive youth development were the focus of one of the sessions at the Summit. The session, moderated by Martha Moorehouse, Director of the Division of Children and Youth Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE), addressed the need for positive indicators, summarizing information from an April conference sponsored by ASPE and organized by Child Trends and the Chapin Hall Center for Children.

Mairead Reidy, Senior Researcher at the Chapin Hall Center for Children at the University of Chicago, described ongoing efforts in states to measure positive outcomes. A series of resource materials developed by the Chapin Hall Center for Children will shortly be available on the Chapin Hall (http://www.chapin.uchicago.edu) and ASPE

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Locations Available in Youth On Line (YRBSS) When 2001 estimates are not available, latest year is given *Not all locations available for all data options*		
United States	Maine	Vermont
	Massachusetts	Virgin Islands (1997)
State and Territorial Surveys	Michigan	West Virginia (1999)
Alabama	Mississippi	Wisconsin
Alaska (1995)	Missouri	Wyoming
Alaska (Excluding Anchorage) (1995)	Montana	
	Nebraska	**Local Surveys**
American Samoa (1999)	Nevada	Boston
Arkansas	New Hampshire	Chicago
Colorado	New Jersey	Dallas
Colorado (Excluding Denver) (1995)	New Jersey (Excluding Newark) (1995)	Denver (1995)
		Detroit
Connecticut (1997)	New Mexico (1991)	District of Columbia
Delaware	New York New York	Ft. Lauderdale
Florida	(Excluding New York	Houston
Georgia (1993)	City)	Jersey City (1997)
Guam (1997)	North Carolina	Los Angeles
Hawaii	North Dakota	Miami
Idaho	Ohio (1999)	Milwaukee
Illinois	Palau (1999)	New Orleans
Illinois (Excluding Chicago)	Puerto Rico (1995)	New York City
Indiana	Rhode Island	Orange County
Iowa	South Carolina	Palm Beach
Kentucky	South Dakota	Philadelphia
Louisiana	Tennessee	San Bernardino
Louisiana (Excluding New Orleans)	Tennessee (Excluding Nashville) (1999)	San Diego
		San Francisco
	Texas	Seattle (1999)
	Utah	
State and local survey results may or may not be based on representative samples, depending on the year		

Local Scene: Philadelphia Safe and Sound

Philadelphia Safe and Sound is an organization dedicated to improving the lives of Philadelphia's children through "a committed public-private collaborative." Two important analytical tools developed as part of this effort are the *Report Card: The Well-Being of Children and Youth in Philadelphia* and the *Philadelphia Children's Budget: Investments in the Children and Youth of Philadelphia.* The *Report Card* monitors key indicators of childhood health, safety and development, while the *Children's Budget* tracks government investments in services for children and youth.

Philadelphia Safe and Sound's *Report Card* and *Children's Budget* are model reports for cities working to improve the lives of children in their cities through the coordination of public and private efforts. These books provide critical evaluations of the condition of children and youth in Philadelphia, and of the resources dedicated to improving those conditions. Together, the reports guide the development of the city's child and youth policy by highlighting progress, areas needing improvement, and targets for additional funding.

Report Card 2002 lists five goals, or "desired results", for Philadelphia's children:

- Children are born healthy, thrive, and are ready for school
- Children and youth live in stable and supportive families
- Children and youth are involved in healthy behaviors and do not engage in high-risk behaviors
- Children and youth live in safe, supportive communities and environments
- Children and youth achieve in school and make a successful transition to adulthood

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Child Trends DataBank, continued from page 2

In addition to the write ups, what really makes the DataBank stand out as a web-based resource is all the additional information that is provided on the site. The following sections are also included for each indicator:

- Links to State and Local Data
- Links to International Data
- National Goals
- Related Research
- Data Source
- Raw Data Source
- Approximate Date of Next Update

For each indicator, users will find links to reliable sources of international, state, and local data when they are available. Information about any related national goals is highlighted with a brief description. For example, in the National Goals section for Teenage Binge Drinking, the goal outlined in *Healthy People 2010* (see vol. 2, iss. 1 of The Child Indicator for more on *Healthy People 2010*) is described and a link to the online report is provided. In the Related Research section of each indicator, users will find links to online resources, research papers, and reports with information on the importance of the indicator. Users are also provided with information and links (when available) to both the data source where Child Trends got the data (usually federal reports), and the raw data source (the survey or administrative data source used to collect the information) for each indicator.

Child Trends will continue adding new indicators to the DataBank every month. In addition, this fall the site will launch an issue brief series that will look across multiple related indicators to discuss a key theme or issue. The first brief will look at violence in the lives of children and youth.

Initial reaction to the DataBank has been very favorable with over 20,000 visitors in its first month. The Child Trends DataBank is funded by the Foundation for Child Development and the David and Lucile Packard Foundation as well as the John S. and James L. Knight Foundation.

Contact Information for the Child Trends DataBank:
http://www.childtrendsdatabank.org
Email: childtrendsdatabank@childtrends.org

No Child Left Behind's Impact on State Education Indicators, continued from page 1

Annual academic assessments must be implemented in mathematics and reading or language arts in each of grades 3 through 8 beginning no later than 2005-2006, and at least once during grades 10 through 12. Science assessments (beginning no later than 2007-2008) must be administered at least once during grades 3 through 5, grades 6 through 9, and grades 10 through 12. These assessments will be used as the primary means of determining the yearly performance of the state, local education agencies, and schools in enabling all children to meet the state's academic achievement standards.

States that wish to receive Title 1 funds are also required to participate in the biennial state-level National Assessment of Educational Progress (NAEP) in reading and mathematics in grades 4 and 8 beginning in the 2002-2003 school year, in addition to their own assessments. The purpose of this requirement is so that the U.S. Department of Education can use NAEP results to independently confirm trends in student achievement that are reported by states through their own assessments. State NAEP results in grades 4 and 8 will not be used to penalize or reward states, but states will receive technical assistance from the Department of Education if they do not meet their "adequate yearly progress" targets for two consecutive years.

In a National Assessment Governing Board report, "Using the National Assessment of Educational Progress to Confirm state Test Results", an expert committee recommends that targets for adequate yearly progress not be set for increases on NAEP, and that any growth on NAEP scores should be enough to confirm growth on state assessments. When NAEP cannot confirm trends shown in state assessments, explanations will need to be provided.

The committee further recommends more detailed reporting of the full achievement distribution in NAEP so that gaps in achievement performance can be more finely detected at all levels of the distribution. In accord with this recommendation, NAEP design goals now include ensuring precision at the upper and lower ends of the distribution by adding more test questions at both ends of the range of difficulty. In addition, they seek to ensure adequate sample size in order to adequately report on the above-mentioned groups of students whose progress will be monitored with the new state assessments by increasing state sample sizes and targeting groups for oversampling.

The new schedule of state NAEP assessments approved by NAGB on August 3 calls for assessments in reading and mathematics in grades 4 and 8 every other year beginning in 2003. Science assessments are planned for 2005 and 2009 in grades 4 and 8, and a writing assessment is planned in grade 8 in 2005 and in grades 4 and 8 in 2011.

For basic information on the program visit
http://www.nochildleftbehind.gov
For a copy of the No Child Left Behind Act of 2001 visit
http://www.ed.gov/legislation/ESEA02
For information on the NAEP visit:
National Assessment Governing Board (NAGB):
http://www.nagb.org
National Assessment of Educational Progress (NAEP):
http://nces.gov/nationsreportcard

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National Youth Summit, continued from page 4

websites. These include state initiative overviews and a cross-state selection of indicators currently in place to measure youth health and safety, educational achievement, social and emotional development, youth self-sufficiency, family environment and community environment at both state and local levels.

Kristin Moore, President and Senior Scholar at Child Trends, shared a "Youth Outcomes Grid" prepared by Child Trends in collaboration with the Edna McConnell Clark Foundation. The grid summarizes available indicators in the areas of educational achievement and cognitive attainment, health and safety, social and emotional development, and self-sufficiency for ages six through 24. These measures are covered in detail in a comprehensive *Youth Outcomes Compendium*, available in hard copy and PDF on Child Trends web site at http://shop.childtrends.org/onlinecart/viewcategory.cfm. Due to its size the report is split into five sections, publications 2001-13a through 13e. The Youth Outcomes Grid mentioned above is contained in 2001-13.e.

A report summarizing the Summit is being prepared and will be available from the U.S. Department of Health and Human Services, Administration for Children and Families. For more information about the National Youth Summit, please visit http://www.acf.hhs.gov/*programs/fysb/summit.html*

Philadelphia Safe and Sound, continued from page 5

Progress toward these goals is measured annually in *Report Card: The Well-Being of Children and Youth in Philadelphia*. The *Report Card* highlights the progress (or lack of progress) being made in achieving these desired results by tracking and charting a number of related indicators for each goal.

Report Card 2002, released in June, measures 26 indicators in the five key areas including: low birth-weight infants, child abuse and neglect, reported sexual behavior, juvenile victims of crime, and school attendance. Data for these indicators come from reliable sources of citywide data such as the Philadelphia Department of Public Health, the School District of Philadelphia, and the Youth Risk Behavior Survey. The *Report Card* uses a scale of 1-5 (with one being the best rating, five the worst) to measure each goal and indicator.

Children's Budget 2002: Investments in the Children and Youth of Philadelphia, to be released in September, gives a detailed account of all public dollars spent on children in Philadelphia. In a reader-friendly format, the Children's Budget presents an overview of public spending on children and youth, as well as analysis by program purpose and type. Child and youth services are divided into five broad categories based on purpose: preventive and development, education and training, general support services, intervention and crisis, and corrective. Each purpose category is discussed with tables and graphs displaying the data.

The *Children's Budget* also analyzes spending by the type of programs being funded, presenting fifteen program types:

- Maternal and early child health care
- Children and youth health care
- Early child care and development
- After-school and school-age child care
- Food and nutrition
- Basic education
- Recreation and youth activities for school-age children
- Family support
- Early intervention services
- Child welfare and protective services
- Youth employment and training
- Income maintenance and support services
- Behavioral health services
- At-risk youth prevention services
- Juvenile justice and delinquent services

When possible, these program types are linked to relevant indicators in the Report Card.

Philadelphia Safe and Sound was established in 1996 as part of the Robert Wood Johnson Foundation's Urban Health Initiative.

For additional information on Philadelphia Safe and Sound, and to obtain either of these publications, please contact Philadelphia Safe and Sound at reportcard@philasafesound.org, or visit http://www.philasafesound.org/.

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Recently Released Reports

Religion and American Adolescent Delinquency, Risk Behaviors and Constructive Social Activities, is the first in a series of research reports from the National Study of Youth and Religion. The report highlights the findings that religious high school students are less likely to participate in delinquent and risk behaviors and more likely to participate in constructive activities. The report is based on analyses using the 1996 Monitoring the Future survey of high school seniors. Future reports will focus on findings from the National Study of Youth and Religion which is currently being conducted.

Website: http://www.youthandreligion.org/index.html
PDF version of report: http://www.youthandreligion.org/publications/docs/RiskReport1.pdf

The Condition of Education 2002 is an annual report, produced by the National Center for Education Statistics (NCES), that presents "indicators of important developments and trends in American education." The report covers 44 indicators arranged into six broad categories: Participation in Education, Learner Outcomes, Student Efforts and Educational Progress, Contexts of Elementary and Secondary Education, Contexts of Postsecondary Education, and Societal Support for Learning.

Website: http://nces.ed.gov/programs/coe/
PDF version of report: http://nces.ed.gov/pubs2002/2002025.pdf

America's Children: Key National Indicators of Well-Being, 2002 is an annual report to the President by the Federal Interagency Forum on Child and Family Statistics providing a broad look at the well-being of children in the United States. The heart of the report provides national annual and trend data using Federal statistics for 24 indicators grouped in six areas: economic security, health, behavior and social environment, and education.

To view this report: http://childstats.gov/americaschildren/

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The Child Indicator

THE CHILD, YOUTH, AND FAMILY INDICATORS NEWSLETTER

Winter, 2003 Vol. 4, Issue No. 2

Making California's Voices Heard on Health: The California Health Interview Survey (CHIS)

The California Health Interview Survey (CHIS), a new source of health information for California, is the largest state health survey in the nation. It provides essential information about health status of adults, adolescents and children in easily accessible formats that can be used by researchers, policy-makers, local health agencies, community planners, and advocates. Community-based organizations and members of the media also find CHIS statistics useful in their work. The survey is conducted every two years to provide timely information and to track significant changes in health status, disease prevalence and insurance coverage among various population groups in the state. CHIS is a joint project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the non-profit Public Health Institute.

The first survey, CHIS 2001, has been completed.

CHIS 2001, the first survey, was conducted between November 2000 and September 2001. It included telephone interviews with more than 55,400 adults, 5,800 teenagers, and 12,500 parents of young children.

CHIS is a random-digit dial (RDD) telephone survey covering every county in the state. Supplemental samples of four Asian American groups and of urban and rural American Indians and Alaska Natives were also completed as part of CHIS 2001.

The overall CHIS project is focused on collecting information about public health, insurance coverage, and access to health care in order to provide both statewide and local-level data for state and county health agencies and health researchers. The 2001 survey was conducted in six languages and captures information about various ethnic and racial populations that was not previously available. Policy-makers can use the extensive amount of county-level health data to inform decisions about health issues.

Health topics covered in CHIS 2001 included:

- General health status;
- Physical and emotional health;
- Specific health conditions such as asthma, diabetes, and arthritis;
- Cancer screening;
- Access to health care;
- Health insurance coverage;

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Recently Released

The Organization for Economic Cooperation and Development (OECD) recently released ***Education at a Glance 2002***, which presents education data for countries around the world. The report covers 27 indicators in four broad categories: educational output of schools and the impact of learning on students; economic and human capital investments in education; access to and participation in education; and the environments and organization of schools. This year's report includes data from countries representing almost two-thirds of the world's population.
Available online at:
http://oecdpublications.gfi-nb.com/cgi-bin/OECDBookShop.storefront/EN/product/962002031P1

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Statement of Purpose

The goal of The Child Indicator is to communicate major developments and new resources within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. By promoting the efficient sharing of knowledge, ideas, and resources, The Child Indicator seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

Child Trends, a nonpartisan, nonprofit research center that has been active in the child and youth indicators field for 20 years, produces and distributes The Child Indicator with funding from the Annie E. Casey Foundation. We welcome your comments and suggestions. All communications regarding this newsletter can be directed to childindicator@childtrends.org.

Brett Brown, Ph.D. and Berkeley Smith, Editors

Data Takes

New Sources of Children's Health Data

The release of the results of two recent surveys, the National Survey of Early Childhood Health and the National Survey of Children with Special Health Care Needs, offers a wealth of new information for researchers, policy makers, and others interested in children's health. These surveys provide information about children's health status and access to care for young children and those with special needs.

Both surveys use the existing State and Local Area Integrated Telephone Survey (SLAITS) mechanism, which uses the sampling frame of the National Immunization Survey (NIS), to reach national target populations.

National Survey of Early Childhood Health

The National Survey of Early Childhood Health (NSECH) was conducted by the National Center for Health Statistics to provide data about families' experiences with preventive pediatric care and how families promote their children's health in the home. The survey, conducted from February to July of 2000, reported on a sample of 2,068 children between the ages of 4 and 35 months, including an oversample of Hispanic and African-American households. Data from the survey as well as the first report were released earlier this year.

The areas covered by the NSECH include the following:

- Parental perception of pediatric care: did provider spend enough time with child, how pleased with provider care, likely to recommend provider;
- Interactions with health care providers: did provider discuss breastfeeding, use of car seats, toilet training, discipline for child, reading to child, child care, household atmosphere, etc., and were these discussions helpful;
- Family interactions and home safety: child's daily routines, reading to children, types of discipline used, use of cabinet locks, electrical stoppers;
- Parental and child health: does the child have asthma, health or behavioral problems, number of visits to emergency room, does parent have emotional support, help with child care;
- Financial welfare and health insurance: child's medical expenses, was there any time when medical care was unaffordable, type of insurance;
- Demographic and household information: child's age, gender, race and Hispanic ethnicity, mother's education, employment, and marital status, region of the country, number of children in household; and
- Health care utilization: number of doctor's visits, how doctor was chosen, type of provider.

The first report, "Summary Statistics from the National Survey of Early Childhood Health, 2000," as well as all documentation of the survey, including the questionnaire and a public use dataset, are available at http://www.cdc.gov/nchs/about/major/slaits/nsech.htm. The public use dataset is in SAS format.

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Delay in Full Implementation of American Community Survey

It appears that the American Community Survey (ACS) will not be fully implemented in 2003 as planned, due to a lack of adequate funding. The ACS, conducted by the U.S. Census Bureau, is a survey designed to collect detailed demographic, housing, social, and economic information about residents of the United States. Current plans are for the annual ACS to eventually replace the Decennial Census "long form," which is only conducted once every ten years.

What will the delay mean for users? John Haaga, the Director of Domestic Programs at the Population Reference Bureau, explained that "When fully implemented, the ACS will supply the public and private sectors with annual estimates at the national, state, and local levels to inform critical decisions. Until full implementation, they will be forced to rely primarily on once-per-decade estimates from the decennial census that grow older and less accurate with each passing year."

Presently, the ACS is being conducted in 31 test sites and has a national demonstration sample of 700,000 households each year. With the planned expansion, the ACS would reach 3 million households annually. Data from a fully implemented ACS would be available at the state, county, city, and census tract levels. Single year estimates would be available for areas and population groups over 65,000; three- or five-year averaged estimates would be available for smaller areas every year.

Full implementation of the ACS is being delayed because Congress did not approve a new appropriations bill for fiscal year 2003. The Census Bureau and most other federal agencies are currently operating under a temporary "Continuing Resolution," which guarantees 2002-level funding until a new budget is passed.

According to the Communications Consortium Media Center (CCMC), full implementation of the ACS in 2003 would require a budget of $124 million, a substantial increase from its 2002 budget of approximately $60 million. To the sorrow of many state and local planners and policy makers, without increased funding, the Census Bureau will only be able to continue surveying the 31 test sites and national demonstration sample. The Census Bureau now hopes to fully implement the ACS in the fourth quarter of FY2004.

More information about the American Community Survey can be found at:
http://www.census.gov/acs/www/index.html

For more information about the delay in full implementation of the ACS, visit the CCMC website at
http://www.ccmc.org

Research about American Teens

While tracking indicators is an important step in improving the lives of children and youth, it is also necessary to look at what research says about critical outcomes for children and youth and how to improve them. Child Trends used this approach in its recently completed *American Teens* (www.childtrends.org/youthdevelopment_intro.asp) series of research briefs. This series of briefs reviews findings about important youth outcomes and the programs and approaches that attempt to positively impact these outcomes. Published in 2002, the briefs are the result of a comprehensive review of more than 1,100 research articles looking at the positive and negative factors that affect adolescent development. Seven areas of importance to adolescent development were covered: reproductive health; physical health and safety; social skills; education; mental health; emotional health; and civic engagement.

The *American Teens* series distills "key" findings from a vast body of research on adolescent development to individuals in the field of youth development and others concerned with the issue. In addition to synthesizing the available research on each issue, each brief is accompanied by "What Works" tables as a quick way to summarize graphically the programs and approaches that are most (and least) likely to succeed in achieving the desired outcomes that communities seek for their youth. These point-and-click tables on Child Trends' web site provide links to the appropriate section of the full research review, allowing users to easily access the information (and references) they are interested in without having to wade through thick documents.

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HHS ASPE Youth Indicators Technical Assistance Workshop for States

by Mairead Reidy, Chapin Hall Center for Children

Many states across the country are building and using indicators of youth well-being to guide state and local policy development. To assist states in advancing these efforts, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services, with the assistance of Chapin Hall Center for Children and Child Trends, hosted a two-day Youth Indicators Technical Assistance workshop in Washington, DC in April 2002. The workshop brought together participants from fourteen states to exchange ideas, experience, and knowledge, and to hear from key experts, researchers, and other policy makers about the development and use of indicators of youth well-being. This workshop was part of a broader ASPE-led youth indicators initiative with two goals: to host a technical assistance workshop for states currently engaged in youth indicator development, and to develop resource materials helpful to a broader range of states.

Workshop Accomplishments

- Knowledge was shared about the youth development field by documenting its evolution, suggesting an emerging research consensus on important youth outcomes, and identifying a series of key resources on important youth outcomes and measures that states might tap into as they continue to advance their youth indicator work.
- The workshop provided states an opportunity to learn which youth indicators are being measured across states, and to share their own challenges and successes in developing youth indicators.
- The workshop explored the uses of youth indicators in policy planning and monitoring by allowing states an opportunity to share their experiences, and by bringing together experts who offered advice on how to use indicators to leverage policy and to communicate to a range of audiences.

Workshop Highlights

Indicators Currently in Place: Based on materials submitted by participating states prior to the meeting outlining their youth goals and indicators, Chapin Hall staff presented a summary review of the indicators currently in place across states. More work is being done by states in the areas of youth health and safety and educational achievement than in the areas of social and emotional development and youth self-sufficiency. The state youth indicator initiatives typically establish goals for youth that cut across agencies, and then select indicators to monitor progress toward these goals. Goals include "Youth choose healthy behaviors" (Vermont) and "Youth are engaged in and contribute to the community" (Iowa). Indicators chosen to monitor youth contribution to the community in Iowa include "the average number of hours per week students spend helping friends, neighbors, or others (including volunteer activities)."

Chapin Hall staff noted that in addition to an interest in measuring youth outcomes, states were also concerned about measuring the family and community contexts in which youth live. Two additional domains were thus developed--family environment and community environment. A selection of indicators in place as of September 2002 at both state and local levels across all six domains can be found at http://www.chapin.uchicago.edu/YouthIndicators/MatrixIntrod.html.

Resources for Reliable Measures: Workshop attendees also heard about a range of surveys and initiatives that may be helpful to states as they work to identify measures of positive youth development. These include a measures database developed by the Multi-National Project: Measuring and Monitoring Children's Well-Being. Building on the collaborative work of more than eighty experts from twenty-eight countries and a variety of disciplines to identify new and more appropriate indicators for measuring and monitoring the status of children beyond survival, researchers at Chapin Hall Center for Children, the National Center for Children in Poverty, and the National Council for the Child in Israel, have identified measures for approximately 50 indicators across five domains. These are safety and physical status, personal life, civic life, economic resources and contributions, and children's activities. These measures will shortly be available on the web and it is hoped that the database will be an important resource for countries, states, cities, and communities interested in measuring the well-being of children. Please contact Mairead Reidy at Chapin Hall (reidy-mairead@chmail.spc.uchicago.edu) for information on how to access the database.

Current Use of Indicators in Policy and Planning: States shared examples of how they are using youth indicators to plan and implement programs, to monitor the progress of programs or policies, maintain state investments in programs for youth at the state and local levels, identify and share information on best practices, and allocate funding. In Missouri, for example, indicators have been used to monitor the outcomes associated with a program initiated in 1997 to insure uninsured children in Missouri. Several indicators that were tracked showed improvement, including the number of school days missed and the number of emergency room visits made by these previously uninsured children. Initially, this was to be a 5-year program. However,

continued on page 5

Research, *continued from page 3*

The briefs present in clear, concise language the essential information about

- preventing teen pregnancy and risky sexual behavior,
- encouraging safe and healthy lifestyles,
- helping teens develop healthy social skills and relationships,
- educating America's youth,
- promoting positive mental and emotional health,
- encouraging teens to vote and volunteer, and
- promoting positive youth development in all aspects of teens lives.

Each brief includes an overview of the issue, information on why the issue is important for teen development, programs that promote positive teen development, conclusions, the next steps for research, and a "What Works" table.

The most recent brief in the *American Teens* series, "Building a Better Teenager: A Summary of "What Works" in Adolescent Development" pulls together the research from the six topical briefs to look at what factors, programs, and approaches contribute to positive youth development. The brief looks across the topical briefs and presents ten summary findings on how to promote positive adolescent development.

The *American Teens* research briefs have been so popular that some are now only available online (www.childtrends.org/youthdevelopment_intro.asp). However, due to continuing demand and their value for policy makers, practitioners, researchers, professors, students, reporters, and concerned citizens, Child Trends decided to reissue them in a handy book form. The book will be available from Child Trends in February for $20.

For more information about any of the *American Teens* research briefs or the book, visit the Child Trends website or contact Bonnie Wahiba at 202-362-5580 or bwahiba@childtrends.org.

Free copies of the individual briefs and the electronic "What Works" tables are available at www.childtrends.org/youthdevelopment_intro.asp

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State Scene, *continued from page 4*

as a result of a 5-year trend showing the success of the program, the General Assembly has re-authorized it.

The Need for Positive and Negative Measures: It was noted throughout the workshop that adolescent outcomes need to be measured using both positive and negative indicators, and that establishing positive goals/outcomes for youth, and including both positive and negative indicators under these goals, can help encourage policy makers and the public to give more support for positive indicators.

Data Collection Challenges: States shared their experience on a range of major data development challenges. The primary survey data challenges include cost containment; building in sufficient funds up front for survey development and training; addressing the concerns of schools and developing a mutually beneficial relationship with schools; including youth who are not part of the public school system; and obtaining parental consent. The primary administrative data challenges highlighted include encouraging buy-in on data sharing across agencies, protecting confidentiality, and the provision of adequate training and technical assistance to those developing and using linked data.

The following states participated in the workshop: Colorado, Delaware, Georgia, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Missouri, New York, Rhode Island, Vermont, and Wyoming.

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For a workshop summary, go to http://www.chapin.uchicago.edu/YouthIndicators/WorkshopSummary.pdf

For information on the Office of the Assistant Secretary for Planning and Evaluation, please see http://www.ASPE.hhs.gov

For a list of state contacts see http://www.chapin.uchicago.edu/YouthIndicators/ContactList.pdf

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Data Takes, *continued from page 2*

National Survey of Children with Special Health Care Needs

The National Survey of Children with Special Health Care Needs was conducted to gather information on the access that children with special health care needs (CSHCN) have to necessary medical services and healthcare. The survey was conducted from October of 2000 to April of 2002 and reached the parents of more than 5,600 children in every State and the District of Columbia. After brief interviews to identify if these children had special needs, detailed interviews were completed for approximately 750 CSHCN in each state.

The areas covered by the Survey of Children with Special Health Care Needs include the following:

- Impact on families: money (outside of insurance) spent on child's medical care, time spent by family members providing medical/health care for child, has anyone in the family's job been impacted by caring for child;
- Health and functional status: do child's mental, emotional, behavioral or other health conditions affect the child's ability to participate in daily activi ties, does child receive special education services;
- Health insurance and adequacy: type of insurance, extent of insurance coverage, does insurance allow the child to get the types of services he/she needs;
- Access and utilization: usual source of health care, any reason for health care delay, types of care needed for child in the past year;
- Care coordination: use of professional assistance to coordinate child's care, do child's health care providers coordinate care, awareness of Title V program; and
- Satisfaction with care: do healthcare providers spend enough time with child, answer questions, listen to your concerns.

The results of the survey will be used to determine prevalence estimates for CSHCN at the state and national levels as well as state-level needs assessments. Results will also be used to provide baseline estimates for *Healthy People 2010*.

To date, the survey questionnaire has been released, and a chartbook with the results of the survey is scheduled to be released shortly by the Health Resources and Services Administration. Additionally, all documentation, including the public use dataset, are available at http://www.cdc.gov/nchs/about/major/slaits/cshcn.htm.

For additional information on either of these surveys please contact:

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CHIS, *continued from page 1*

- MediCal (California's Medicaid) and Healthy Families Program eligibility;
- Dental health;
- Women's health issues;
- Physical activity;
- Child health topics; and
- Adolescent health and behavior topics

CHIS 2001 data and results are available for adults, teens and children.

CHIS 2001 data and results are available and have been released in a variety of ways to make them easily accessible and usable. Several reports have already been released addressing the prevalence of asthma, rates of uninsurance, and food insecurity and hunger in California. Additional reports will soon be released on diabetes prevalence and cancer screening, as well as a descriptive picture of California's HMO enrollees. Many of the topics cut across all age groups but some are specific to child health and the health and behaviors of teens (ages 12-17).

One highly innovative product of the CHIS project is an internet-based data query system called AskCHIS. Through AskCHIS, available free and anytime, users can make custom, online requests for statewide and local CHIS results and get data tables or graphs in a matter of seconds. This relatively user-friendly system allows you to select a geographic area, two or more health topics, a specific age group, and request either a table or graph for the results. In addition to performing online requests through AskCHIS, users with data analysis skills are able to download the free CHIS

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CHIS, *continued from page 6*

public-use data files. Professional researchers with more demanding needs can apply to access the full CHIS data files available at the UCLA Center for Health Policy Research Data Access Center. The CHIS 2001 adult, child and adolescent public-use data files are all now available on the CHIS Website.

Several funders made CHIS 2001 possible.

Funding for CHIS 2001 came from multiple sources. The first survey was funded by the California Department of Health Services, the California Endowment, the California Children and Families Commission, the National Cancer Institute, the Centers for Disease Control and Prevention, and the Indian Health Service. [See the who's who section of the site for the entire list of funders.] The next survey, CHIS 2003, is scheduled to take place this year with the addition of the Robert Wood Johnson Foundation as one of several new funders.

For more information about CHIS, please e-mail chis@ucla.edu or visit the CHIS Website at http://www.chis.ucla.edu.

New Web Resource

The KIDS COUNT initiative at Annie E. Casey has just released a new database, **CLIKS: County, City, Community-Level Information on Kids** (www.aecf.org/kidscount/cliks), that provides detailed state and community level data on children and families in thirty states. Local KIDS COUNT grantees provided the most current data available for their states in a number of areas including: demographics, education, health, safety, and family economics. CLIKS is a great resource for service providers, policymakers, and others interested in local indicators of child and family well-being.

Recently Released Reports

Child Maltreatment 2000, an annual report by the Administration on Children, Youth, and Families of the U.S. Department of Health and Human Services, provides data on child abuse and neglect in the United States. The report includes data on the victims and perpetrators of child maltreatment and child fatalities due to abuse and neglect. Additionally, there is data on the types of preventive services available in the states and information about the National Child Abuse and Neglect Data System (NCANDS).
Available online at: http://www.acf.dhhs.gov/programs/cb/publications/cm00/cm2000.pdf.

School Crime and Safety 2002 is the eleventh annual report presenting data about school-related crime. The report, a joint publication of the Bureau of Justice Statistics and the National Center for Education Statistics, presents data from surveys of students, teachers, and principals. Nineteen indicators are highlighted in five areas: nonfatal student victimization, violent deaths at school, violence and crime at school, nonfatal teacher victimization, and school environment. The report shows that while some types of school crime have been decreasing, violence remains a problem in America's schools.
Available online at: http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2003009.

The Right Start for America's Newborns: A Decade of City and State Trends (1990-2000) is an online report presenting a full decade of data on eight measures of healthy births for each state and the nation's 50 largest cities. Data are available as maps, profiles, graphs, rankings, and raw data. A joint project of KIDS COUNT and Child Trends, the report can be seen at http://www.aecf.org/kidscount/rightstart2003/.

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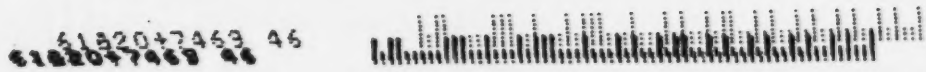

The Child Indicator

THE CHILD, YOUTH, AND FAMILY INDICATORS NEWSLETTER

Spring, 2003 Vol. 4, Issue No. 3

New Resources from KIDS COUNT Online

KIDS COUNT, a project of the Annie E. Casey Foundation, recently released two new databases which aim to bring state and local child well-being data to policymakers, advocates, and citizens. *CLIKS: County-City-Community Level Information on Kids* (http://www.aecf.org/cgi-bin/cliks.cgi) brings together child well-being data collected by state and local Kids Count offices. *KIDS Count Census Data Online* (http://www.aecf.org/kidscount/census/) has the very latest census data on child well-being indicators and is the only source for 108th Congressional District data on children. With these two efforts, KIDS COUNT has vastly increased the public's access to child well-being data at the local level.

CLIKS

Child advocates, policymakers, and community groups will find CLIKS especially useful as a single source for local data on a number of topics affecting child well being, including, but not limited to: demographics, early care and education, hunger and nutrition, economic resources, physical, mental, and emotional health and mortality. Data are currently available for 37 states (see table on page 6).

CLIKS makes data available to users in two formats: profiles and maps. The profiles option instantly generates a series of tables detailing the child well-being indicators for the area chosen, with trend data where available. Because each state Kids Count Group submits its own data, the number of child well-being indicators available for each state or local area varies. While each participating state has both state and local profiles, some geographic areas have very detailed information on 6-10 areas of child well-being indicators, and others currently provide only basic demographic information.

The maps option generates color-coded maps based on the user's selection of a geographic area, an indicator available for that area, and the year of data preferred. This option is useful not only for the maps, but for the accompanying data table which allows for intra-state comparisons between geographic areas. For example, a community health worker in Habersham County, Georgia who wants to see how her county compares to others in the state in number of teenage pregnancies could use this option to produce a table with data from all the counties in Georgia.

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Just Released

The Condition of Education 2003 is an annual report, produced by the National Center for Education Statistics (NCES), that presents "indicators of important developments and trends in American education." The report covers 44 indicators arranged into six broad categories: Participation in Education, Learner Outcomes, Student Effort and Educational Progress, Contexts of Elementary and Secondary Education, Contexts of Postsecondary Education and Societal Support for Learning.

Website: http://nces.ed.gov/programs/coe/
PDF version of report: http://nces.ed.gov/pubs2003/2003067.pdf

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Brett Brown, Ph.D. and Berkeley Smith, Editors

National Scene: LIFT Data Tools

The LIFT Table Wizard (http://lift.nccp.org/wizard/wizard.cgi), a web-based research tool on the Let's Invest in Families Today (LIFT) website, allows interested users to build custom tables comparing population and income statistics, economic conditions, and policy data across or within states. LIFT is a joint project of the National Center for Children in Poverty and a number of state and regional advocacy organizations that provides policy solutions and communications expertise to state-based advocates to help them implement solutions at the legislative and regulatory level. The Table Wizard function is one of the many mechanisms LIFT utilizes to assist organizations whose mission is to help low-income families. Researchers, policy makers, advocates, and others interested in state data on low-income families or the federal and state policies affecting them will find the Table Wizards very useful.

There are three types of Table Wizards--the Population and Income Statistics Wizard, the Economic Conditions Wizard and the Policy Wizard. Each of these Table Wizard options allows users to create cross-state comparisons or detailed profiles of a single state, with data available for all fifty states and the District of Columbia.

For the Population and Income Statistics Table Wizard option, users first choose whether they want to look at data for families or for children. Then they select up to eight indicators covering parental education, parental employment, and family structure. Data for all indicators are given for low vs. above-low income. The Economic Conditions Table Wizard allows users to create tables with up to ten indicators-- covering the areas of income distribution, wages and employment, and housing costs and homeownership. For both of these Table Wizard options, the single state option produces a basic profile of the state using the indicators selected, while the cross-state comparison option produces a grid that allows for easy comparison among states across the different indicators.

The Policies Table Wizard is slightly different from the other two Table Wizard options because it provides "information about state and federal policies that could be used to promote positive family and child outcomes." This resource provides a unique tool for comparing policies within a given state or among many states. The policies covered include: federal and state child and dependant care tax credits, Child Care and Development Fund (CCDF) subsidies, Food Stamps, federal and state Earned Income Tax Credit (EITC), section 8 housing vouchers, Temporary Assistance to Needy Families (TANF) cash subsidies and unemployment insurance. Users can get information for the selected state[s] about the eligibility requirements and benefits of each of the policies covered as well as basic data about the number of recipients and the cost of the program.

Using the Policies Table Wizard, policy makers, social workers, researchers, and other users can get access to a wealth of policy data and create easy-to-read tables with a couple of clicks. For example, a social worker in Louisiana can find out how many children in his state are receiving Food Stamps, selected work requirement information for receiving TANF cash subsidies, or even how child support income affects income eligibility for section 8 housing vouchers--and compare his state to neighboring states.

For all three Policy Wizard options, the tables produced are easy to read and can be pasted into Microsoft Word documents and Excel tables. Tables use the most recent data available, with years ranging from 1998-2003. (If users want to print the tables, it is probably best to paste them into another document; printing directly from the website often cuts off the tables [especially for cross-state comparisons] making them difficult to read) All tables also have detailed documentation on the sources used. Sources include, but are not limited to, the U.S. Census, the Department of Labor, the Administration on Children and Families, the Urban Institute, the Center for Law and Social Policy (CLASP) and the Department of Housing and Urban Development.

For more information about LIFT, please visit their homepage at: lift.nccp.org
For more information or to use the LIFT Table Wizards, please visit: http://lift.nccp.org/wizard/wizard.cgi

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What Cities CAN DO to Organize Data Online

The **Cleveland Area Network on Data and Organizing** (CAN DO) is an outstanding example of how a wide variety of local and neighborhood data can be presented in an accessible and easy to use manner. Users of the online CAN DO database can access detailed data for neighborhoods and suburbs in and around Cleveland, Ohio, and select data for surrounding counties down to the Census tract level. Using CAN DO, service providers, government officials, students, researchers, and others can quickly access information related to their specific areas of interest, such as housing, community organization, economic development, education, and human services. The CAN DO system is a valuable asset for data users in Cleveland and its surrounding areas and is a wonderful model for others who are interested in learning how to present similar data for their neighborhoods and counties.

The CAN DO database contains annual and decennial data for hundreds of social, economic, and demographic indicators in domains such as population, poverty and income, households and families, education, employment, housing, residential mobility, and vital statistics. Many of the indicators are available for all eight counties in the Cuyahoga County area. Additional data are included for Cuyahoga County. The annual indicators cover the period from 1990 to 2002, while the decennial census data cover 1980, 1990, and 2000. The CAN DO data were derived from annual extracts of agencies' administrative databases and from the 1980, 1990, and 2000 decennial census. The annual agency extracts are provided by police departments, juvenile courts, county auditors, county coroners, vital statistics, and welfare agencies.

Users can access data in several ways. First, users can submit online queries for data at the census tract, neighborhood, place (e.g., city and township levels), or county levels. To get started, users simply select their county and then their topic of interest. Tables can be downloaded from the database in four formats--HTML, comma-delimited, Excel, and map format. Within each of these formats, users can choose to download information by census tract, place/mdc (cities, villages, or townships) or county. Users can also choose to compare data from various locations within a particular county. For example, a user working in a non-profit GED program in Brunswick City, Medina County could use the database to look at the number and percent of adults aged 25 and older without high school diplomas both in Brunswick City and all of the other cities within Medina County.

Second, in addition to downloading data tables, users of CAN DO can generate thematic maps for selected

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International Research

Report Cards from the Innocenti Research Center

The Innocenti Research Center in Florence, Italy is a research body for the United Nations Children's Fund (UNICEF). The center provides data about children in industrialized and developing countries and emphasizes issues of child rights, equity, economic affordability and the funding of social programs aimed at helping children.

One of the center's most recognizable publications is its series of *Innocenti Report Cards*. This series was developed to examine the state of children in member countries of the Organization for Economic Cooperation and Development (OECD). Each of the report cards focuses on a specific topic and includes a "League Table," providing comparable social indicator data across the OECD nations. The report cards also include comparative analyses and commentary. Previous reports focused on teenage births, child deaths by injury and child poverty. The next report will be released in September 2003 and will focus on child deaths from physical maltreatment.

The most recent report card was released in 2002 and focused on educational disadvantage in rich nations. The report card used data from the Program for International Student Assessment (PISA), Trends in International Math and Science Study (TIMSS), and the International Adult Literacy Survey (IALS). From this report, readers can learn that children in Finland, Canada and Korea have a better chance of receiving a "reasonable standard" of education than do children in Hungary, Denmark, Greece, the United States, or Germany. Countries are compared on *absolute* standards of educational achievement (measured by the percentage of children in each country who scored below a fixed international benchmark in five areas of education). But the report also explores the concept of *relative* educational disadvantage by calculating how far low-achieving pupils are allowed to fall behind the average. In addition to comparing general educational disadvantage across countries, the report also demonstrates that there is no direct relationship between the educational disadvantage in a country and the spending per pupil, pupil-teacher ratios, or income inequality in that country. Educational achievement in the countries studied, however, does seem to be related to the socioeconomic status of the parents of the students studied. *A League Table of Educational Disadvantage in Rich Nations* is the fourth report card released in this series.

For more information about the UNICEF Innocenti Research Center, visit http://www.unicef-icdc.org/
Additional details about the Innocenti Report Card series can be found at http://www.unicef-icdc.org/publications/

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Monitoring Children in Child Welfare Settings: The Role of Child Well-Being Indicators

Child Trends is leading an effort to improve the quality and breadth of child well-being data collected in the child welfare system. As part of this effort, a consortium of state and county child welfare agency representatives and researchers has been meeting since October 2002 to identify targets of opportunity for improving and expanding data collected on children in the child welfare system and in other settings that serve troubled families with children. Summaries of these meetings will be available in July on the Child Trends website, www.childtrends.org.

Background:

Researchers, service providers, and policymakers use child well-being indicators to compare and contrast the health, education, and social and emotional development of different groups of children. While the data quality of child well-being indicators is improving in the general child population, knowledge about some of the most vulnerable children--those in the child welfare system--remains limited. For example, even though many children who experience out-of-home placements or in-home supervision by child welfare agencies are at significant risk for adverse outcomes, little is known about their routine status or how their outcomes in areas such as health, education, and development compare with other children.

Child well-being indicators can play two important roles in the child welfare system. First, indicators can inform case management and placement decisions by providing information about the *whole child*, not just the special circumstances that brought the child to the attention of the agency. Children with special health needs, for example, sometimes have difficulty when agency workers are not familiar with the extent to which they require extensive care to address chronic illness or disability.

Second, child well-being indicators can guide monitoring and evaluation efforts of agency practices and policies by tracking *child outcomes* beyond the traditional categories of safety and permanency. Given the growth in the foster care population over the past decade, the length of time that many children spend in foster care placements, and the increasing amount of public funds that are spent in this area, better instrumentation is needed to guide policy and practice. Knowing how many children in foster care graduate from high school or repeat a grade, for example, can indicate whether such children are at greater risk than other groups with respect to school achievement and success. Indicators can reveal the profile of the child welfare population as children and provide data about both their positive and negative circumstances. Data that provide a more complete picture of the status of these children as a group will help complement media reports about particularly tragic or disturbing cases, creating a more balanced picture of vulnerable children within a community.

Types of Data that are Needed:

Child well-being indicators in the child welfare system should provide a direct link between information-gathering and decision-making, selecting outcomes that are important to children, their families, and policymakers. Yet it is important to develop multiple measures for specific areas of concern so that the quality of the information that guides policy and practice is not vulnerable to certain biases. For example, if a community's goal is to assure that children in foster care receive quality health services that are appropriate to their health care needs, then age-appropriate data will need to be collected in several areas. Infants and toddlers, for example, require more medical visits than older children. Immunization is another important measure, but requires information about the timing of administration of individual vaccines as well as overall immunization status. Rates of hospitalization or emergency room visits will provide useful information, as well as positive measures, such as the number of children who are judged by their caregivers to be in good or excellent health.

Current Data Collection Efforts:

The federal government currently provides funds to the states to help them collect data on children in the child welfare system. The Adoption and Foster Care Analysis and Reporting System (AFCARS) (http://www.acf.dhhs.gov/programs/cb/dis/afcars/) reports state-level data on children who have been adopted or placed in foster care. The National Child Abuse and Neglect Data System (NCANDS) (http://www.calib.com/nccanch/pubs/factsheets/ncands.cfm) collects state-level data on cases of child maltreatment that have been reported, investigated, and substantiated or indicated. These and other child welfare databases collect basic information about demographic, placement, and service data, but they do not include well-being data.

The federal government has also implemented the Child and Family Service Reviews in order to assess each state's level of performance in compliance with federal child welfare legislation (the Adoption and Safe Families Act) and to help states increase their ability to help children and families. The state reviews assess three domains: safety, permanency, and well-being.

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Monitoring Children in Child Welfare Settings: The Role of Child Well-Being Indicators, continued from page 4

Three outcome areas are examined within the well-being category: 1) families have enhanced capacity to provide for their children's needs; 2) children receive appropriate services to meet their educational needs; and 3) children receive adequate services to meet their physical and mental health needs. While the recognition of well-being as a relevant outcome is important, current measures rely primarily on service-related data reported within existing datasets. One of the major shortcomings of the CFSR, therefore, is the absence of data on the status of children apart from the provision of health and educational assessments and services.

Some states are demonstrating interest in collecting well-being data for their child welfare populations beyond the information required by the federal government. For instance, Kentucky has created a foster care census intended to "provide comprehensive data about the location and well-being of all of Kentucky's children in out-of-home care" (see www.trc.eku.edu/fostercare for further details). They have visited every child in out-of-home care in Kentucky, and have collected data in the following areas from each child: previous placements, permanency plan, worker involvement, educational status and needs, visits with birth family, special needs and treatment for these needs, medical and dental care, and resiliency factors.

Several research studies are also underway in selected sites that provide in-depth information on selected groups of children under supervision by child welfare agencies. The National Survey of Child and Adolescent Well-Being (NSCAW) is the first nationally representative study to collect well-being data for children and families involved with the child welfare system. Data collection began in Fall 1999 and was completed in April 2001. Three waves of follow-up data collection are scheduled for 12, 18, and 36 months post-baseline. The main goals of the study are to answer the following questions: "1) what paths do children follow into and through the child welfare system? 2) what factors affect investigation, services, placements, and length of involvement? and 3) what are the long- and short-term outcomes for children and families in the child welfare system in terms of safety, well-being, and permanence?"

The Child Trends Initiative:
With support from the Doris Duke Charitable Foundation, Child Trends is developing an initiative to improve the quality of child well-being indicators that can be used to assess outcomes associated with child abuse and neglect prevention efforts, especially with young children. Such indicators should be useful across multiple settings, providing a basis for comparing the status of children in different circumstances, such as those who remain with their families as well as those who experience long-term, out-of-home placements. Data need to be child-focused and embedded within a developmental framework rather than relying solely on measures of the delivery of services or

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Local Scene

What Cities CAN DO to Organize Data Online,
continued from page 3

indicators and for all levels of geography. Users can request maps in a manner analogous to requesting data.

Third, for each of the 36 neighborhoods inside the City of Cleveland and the 58 municipalities within Cuyahoga County, CAN DO provides a "Neighborhood Profile," which includes 8 tables with data for 41 indicators.

Data are presented for the earliest year and the most recent year available for all indicators. Each table includes data from the selected neighborhood or municipality and data from Cleveland and Cuyahoga County as a whole for comparison. The data tables included for each Neighborhood Profile are: population composition; vital statistics (births); residential mobility; economic status; educational attainment; housing stock; housing investment; and public safety. Data for CAN DO come from a variety of sources, including the U.S. Census Bureau, local school districts, health departments and police departments, county coroners and auditors, juvenile courts, and other county, state, and federal departments and agencies.

Fourth, the CAN DO system offers users access to the 1990 and 2000 Census Demographic Profiles for Cuyahoga County and the seven counties surrounding it. The Demographic Profiles are provided in PDF format and provide basic demographic and housing data for both 1990 and 2000 and other selected social and economic characteristics, such as school enrollment and employment status for 2000. These profiles are perfect for users who are looking for a fast and basic demographic description of their county or area of interest.

For users interested in specific indicators, the CAN DO database is the fastest way to find detailed information for one or more counties or areas. The CAN DO website (see below) also provides detailed documentation on the data, their definitions, and precautions in using and interpreting the data.

CAN DO was created by the Center on Urban Poverty and Social Change at the Mandel School of Applied Social Sciences at Case Western Reserve University.

For more information, visit the CAN DO online database at: http://povertycenter.cwru.edu/cando.htm

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Data Takes

New Resources from KIDS COUNT Online, continued from page 1

Both options produce visually appealing presentations of the data and allow users to access a large amount of data in a few simple steps. The site is very user friendly with simple instructions on how to use the different options. The only real drawback to the site is that not all states are covered because CLIKS collected data from state KIDS COUNT partners, and not all partners have submitted information to date. Of the thirty-seven states represented, however, most present a substantial amount of data.

KIDS COUNT Census Data Online

KIDS COUNT Census Data Online provides the most recent census estimates for indicators of child well-being for all fifty states and the District of Columbia, counties, 108th Congressional districts, metropolitan areas, New England towns and American Indian/Alaska Native/Hawaiian home lands. Census Data Online estimates cover the following subjects: age, race/ethnicity, sex, education, income and poverty, parental employment, language, disabilities, living arrangements and neighborhood characteristics.

Census Data Online makes data available as profiles, rankings, and raw data. The profiles option for the Census Data Online is the same as for *CLIKS*, with the user selecting a state and geographic area. Each profile presents data in the nine areas in table format with comparisons to either the nation or state (depending on what type of geographic area is chosen) and comparisons between the 1990 and 2000 data for the indicator.

The rankings option produces a ranking table for chosen geographic areas and indicators. The ranking table includes the national rank of a given area, the ranking among the selected areas, and the percentage or rate for the indicator. This option is especially useful for users interested in comparing their state or district to others. For example, a parent interested in high school dropout rates for the congressional districts in and around the District of Columbia can select the districts of interest in Maryland, Virginia, and DC and then produce a rankings table for comparison.

Both the profiles and rankings options provide user-friendly ways to get state and local data. For users who want to analyze the data themselves, data files are also available for downloading.

For more information please visit:
CLIKS at http://www.aecf.org/cgi-bin/cliks.cgi
KIDS COUNT Census Data Online at
http://www.aecf.org/kidscount/census/

States with Profiles in CLIKS	Profiles Available		Maps Available for all Counties
	Counties	Other	
Arizona	15	-	yes
Arkansas	75	519 Census Designated Places	yes
California	58	-	yes
Colorado	63	-	yes
Connecticut	8	-	yes
Delaware	4	1 City	yes
Georgia	159	180 School Districts	yes
Hawaii	4	-	yes
Illinois	102	-	yes
Indiana	92	-	yes
Iowa	99	-	yes
Kansas	105	-	yes
Kentucky	120	-	yes
Maine	17	-	yes
Massachusetts	0	-	no
Michigan	83	35 Cities	yes
Minnesota	87	-	yes
Mississippi	82	-	yes
Nebraska	93	-	yes
Nevada	0	-	yes (17)
New Hampshire	0	234 County Subdivisions	yes
New Mexico	33	-	yes
New York	62	-	yes
North Carolina	100	-	yes
North Dakota	53	-	yes
Ohio	88	-	yes
Oklahoma	77	-	yes
Pennslyvania	67	-	yes
Rhode Island	0	39 County Subdivisions	yes
South Dakota	66	-	yes
Tennessee	95	-	yes
Texas	254	-	yes
Utah	29	-	yes
Virginia	95	40 Cities	yes
Washington	79	-	yes
West Virginia	55	-	yes
Wisconsin	72	-	yes

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Monitoring Children in Child Welfare Settings: The Role of Child Well-Being Indicators, continued from page 5

other process measures. Child Trends' approach is to develop the indicators through several efforts.

A Research Brief titled *The Multiple Dimensions of Child Abuse and Neglect* (http://www.childtrends.org/PDF/ChildAbuseRB.pdf), which outlined the basic issues to be addressed, was published in 2002.

Child Trends has also formed a Consortium on Child Well-Being Indicators for Child Welfare Populations. The 12-member Consortium has met twice, in October 2002 and in April 2003, with a third meeting scheduled for fall 2003. Consortium members include state and county child welfare agency representatives, researchers, and individuals familiar with health and legal issues in the child welfare population. The April meeting included a presentation by Dr. Moira Szilagyi, a pediatrician and member of the American Academy of Pediatrics, who described innovations in providing health care assessments for young children in foster care. Judge Cindy Lederman, presiding judge for the Miami-Dade County Dependency Court and a Consortium member, described parent/child assessment data that are collected as part of an early childhood study in her juvenile court.

Consortium discussions are designed to review the state of child well-being indicators used in the child welfare system and in other settings that serve troubled children and families; to examine opportunities to improve the quality of indicators in child welfare information systems; to identify specific legal, technical, financial, and non-financial barriers to the inclusion of such indicators within current information systems; and to help design experiments with selected measures where feasible. Summaries of the Consortium meetings will soon be available on Child Trends' website, www.childtrends.org.

Recently Released Reports

Child Maltreatment 2001, an annual report by the Administration on Children, Youth, and Families of the U.S. Department of Health and Human Services, provides data on child abuse and neglect in the United States. The report includes data on the victims and perpetrators of child maltreatment and child fatalities due to abuse and neglect. Additionally, there is data on the types of preventive services available in the states and information about the National Child Abuse and Neglect Data System (NCANDS).

Available online at:
http://www.acf.dhhs.gov/programs/cb/publications/cm01/outcover.htm

Trends in the Well-Being of America's Children and Youth, 2002 is an annual report covering more than 80 indicators of child and youth well-being. Indicators cover five categories: Population, Family, and Neighborhood, Economic Security, Health Conditions and Health Care, Social Development and Behavioral Health, and Education and Achievement. The report is a joint product of the U.S. Department of Health and Human Services and the Office of the Assistant Secretary for Planning and Evaluation.

To get a printed copy of this report, send a fax request to 202-690-6562
The entire report should be available online shortly at http://aspe.hhs.gov/hsp/02trends/

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Recently Released

*KIDS COUNT, a project of the Annie E. Casey Foundation, released the **2003 KIDS COUNT Data Book** on June 11. The Data Book features 10 key measures of child well-being that it has used to track the well-being of children since 1990. The book also features an essay by Casey President Douglas W. Nelson, "The High Cost of Being Poor: Another Perspective on Helping Low-Income Families Get By and Get Ahead," which examines a number ways in which the poor pay more. This year's book also features state-level estimates of the percent of kids in each state living in various kinds of distressed neighborhoods. The new report may be viewed online at www.kidscount.org. Free hardcopies may be ordered on the web site or by phoning Casey publications at 410-223-2890.*

*The KIDS COUNT Project at the Casey Foundation recently released two new KIDS COUNT Pocket Guides based on the 2000 Census. The first Pocket Guide, **African-American Children: State-Level Measures of Child Well-Being From the 2000 Census**, provides state-level data on child well-being for Blacks and Non-Hispanic whites. The second Pocket Guide, called **Latino Children: State-Level Measures of Child Well-Being From the 2000 Census**, contrasts Latinos and Non-Hispanic whites in each state. The new reports may be viewed or downloaded online at www.kid-scount.org. Free copies may be ordered on the web site or by phoning Casey publications at 410-223-2890.*

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The Child Indicator

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Oregon Benchmarks: Social Indicators and Policy in a Time of Fiscal Distress

In 1989, the Oregon legislature created the Oregon Progress Board to facilitate development of the state's vision for a prosperous Oregon. The Oregon Progress Board (OPB) is an independent state planning and oversight agency that has been instrumental in developing the state's capacity to measure and track its progress at the state and local levels. Oregon Benchmarks, a set of 90 high level indicators of well-being, are the Board's primary tool for monitoring success in achieving the goals set out in *Oregon Shines*, the state's 20-year vision. The overall goals of *Oregon Shines* include quality jobs for all Oregonians; safe, caring and engaged communities; and healthy, sustainable surroundings.

More than 10 years later, the Oregon Progress Board is actively involved in tracking Oregon's progress, as can be seen in its 2003 benchmark performance report. "It is a very different time now" to be working with state-level measures and benchmarks, says Jeffrey Tryens, executive director of the Oregon Progress Board. When the OPB started, it was the first state to articulate its goals in measurable terms. There are now many more organizations that are tracking indicators at the state level. This has provided the opportunity not only to compare Oregon's progress with other states, but also to build its own ability to develop better measures.

It is also a different time in Oregon, fiscally. A sustained budget crisis has caused massive budget cuts in state funding. At one point the legislature eliminated the Board's staff positions from the budget. The Board has sustained funding, but the continuing budget crisis has meant that the Progress Board has had to get by with fewer staff and with less funding for data collection.

A natural progression in the work of the OPB, which could facilitate state budget decisions, is the recognition of the need to "link up public resources to results in a more meaningful way." Tryens explained that, in order to make indicators more relevant to policy leaders, it would be useful to know, for example, not just whether teen pregnancy is going down, but whether the actions a state agency takes play a role in 'moving' the rate.

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Just Released

Indicators of Welfare Dependence: Annual Report to Congress is a publication produced each year by the U.S. Department of Health and Human Services. The 2003 report was recently released and includes data about receipt of public assistance (including AFDC/TANF, food stamps, and SSI) as well as various risk factors for welfare dependence, such as economic security, work status of adult family members, and non-marital births. Many of the indicators included in this report relate to children and families.

The 2003 report is available online at http://aspe.hhs.gov/hsp/indicators03/

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Statement of Purpose

The goal of *The Child Indicator* is to communicate major developments and new resources within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. By promoting the efficient sharing of knowledge, ideas, and resources, *The Child Indicator* seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

Child Trends, a nonpartisan, nonprofit research center that has been active in the child and youth indicators field for 20 years, produces and distributes *The Child Indicator* with funding from the Annie E. Casey Foundation. We welcome your comments and suggestions. All communications regarding this newsletter can be directed to childindicator@childtrends.org.

Brett Brown, Ph.D., Editor

South Africa: Social Indicators in the Service of Social Change

The Child and Youth Research and Training Programme (CYRTP) of the University of the Western Cape, South Africa is devoting its considerable energies to improving the capacity of South Africa to measure and monitor the well-being of its children and youth.

By ratifying the United Nations' Convention on the Rights of the Child, South Africa has agreed to work to guarantee a set of basic children's rights, according to Rose September, the head of the program and a member of the faculty of Community and Health Sciences at the University of the Western Cape. Dr. September says that a commitment to children is certainly not lacking in South Africa. However, without adequate measures of child well-being, it is difficult to monitor to what extent that the nation's goals for its children are being met.

The Child and Youth Research Programme is attempting to facilitate the nation's ability to focus on children by improving their capacity to measure, analyze, and disseminate indicators of child and youth well-being. The program has already contributed to some concrete changes. It has succeeded in including a number of questions specifically focused on children in the first post-apartheid census. It also intends to produce a report on South Africa's children featuring these new census data in the coming year. In addition, the program is seeking government partners to create an annual National Child Survey covering issues affecting children in a holistic manner.

The program is providing technical assistance to the National Program of Action, a government organization tasked with monitoring the implementation of the U.N. Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. It is also developing a training program at the University of the Western Cape to create a new generation of indigenous researchers who are adept at measuring, presenting, and applying child and youth indicator data.

Recently, the program has been running sessions with children in three different provinces to allow them to take part in defining indicators of child well being. It is finding that children have different opinions of indicators than do adults. Dr. September explained that, although they are still in the early stages of the program, it has already become apparent that children tend to focus on relationships rather than specific content.

For example, they are more interested in talking about whether they like their math teacher than about how much math they are learning. "In time, we hope to have the first child-developed indicators," September said.

These indicators can play a significant role in identifying areas where national resources should be placed. Following the conclusion of these sessions, the children will have the opportunity to present their views and findings directly to policy makers.

International Involvement

The Child and Youth Research and Training Program has actively been seeking international involvement to help them formulate strong measures of child well-being. In conjunction with organizations such as UNICEF and the National Department of Social Development, South Africa, they organized an International Consultative Conference last year to receive input on measuring, monitoring and evaluating child well-being.

At the same time, it is important to actively ensure that indicators of child well-being are adequately suited to South Africa, and not just the countries from which they originated. The HIV/AIDS epidemic, for example, affects South African children differently than it might those in other countries where it is less common. For example, child-headed households are an increasingly widespread phenomenon in South Africa not common to most other countries.

"We need to create a world fit for children," September emphasized. "We are just at the beginning of a very huge task. We are building and developing a supportive government and an active civil society to be advocates for children. We want to keep Nelson Mandela and our current President's vision alive. We cannot maintain South Africa without putting children first. If we do not invest in children, South Africa will not be able to keep up with the international community."

For more information about the Child and Youth Research and Training Programme, please contact Rose September at the University of the Western Cape by phone (021-959-2603) or email at rseptember@uwc.ac.za

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Vital Statistics: New Questions on the Birth and Death Certificates

Every 10 to 15 years, the National Vital Statistics System, which is the basis for the nation's official statistics on births, deaths, marriages and divorces, undergoes a review. While individual states are responsible for collecting this information, The National Center for Health Statistics (NCHS) plays an important role in improving the quality of the data collected by developing a standard vital statistics database and standard reporting forms recommended for use throughout all the states.

The recent review, conducted by an expert panel convened by NCHS, uncovered the need for significant changes in the current birth, fetal death, and death certificates, which have been in use since 1989. Important revisions to the standard birth certificate include questions on whether mothers are breast feeding their infant, which is a goal of the Healthy People 2010 initiative; whether infertility treatment was involved in the pregnancy; infections during pregnancy; whether WIC (the Supplemental Food Program for Women, Infants, and Children) services were received during pregnancy; and the principal source of payment for the delivery. An additional question asking about the circumstances of maternal morbidity will make these certificates the only source for correlating pregnancy factors and maternal morbidity on a national basis.

Other items on the birth certificate have been modified suggesting promising new data. Mother's and father's race will now allow for multiple race identification; the frequency of cigarette smoking will be retrospectively reported prior to pregnancy as well as by trimester of pregnancy; and maternal body weight before pregnancy, weight at delivery, and height will be collected, which will make it possible to calculate maternal Body Mass Index (an indicator of obesity) and to assess the appropriateness of maternal weight gain as well as its association with infant birthweight. One health-related item that will be dropped from the standard certificates is the frequency of alcohol consumption, due to under-reporting.

Examples of new items on standard birth certificates
- Breast-feeding
- Infertility treatments
- Infections during pregnancy
- Principal source of payment during delivery
- Prenatal smoking by trimester
- Multiple race identification of mother and father

Examples of new items on standard death certificates
- Hospice facilities as a place of death
- Contribution of tobacco use to death
- Role of decedent in deaths caused by traffic accidents

The U.S. Standard report of fetal death includes many of the new items from the proposed birth certificates, as appropriate. Notably, the cause of fetal death now captures both the single initiating cause as well as other significant causes.

The proposed U.S. Standard Report of Death will also include new items reflecting changing health information and administration needs. Hospice facilities have now been added as a category under place of death. The contribution of tobacco use to death will now be collected. The role of the decedent in deaths caused by traffic accidents will be tracked, and the actual/presumed date of death will be collected (as opposed to date pronounced dead), which will help epidemiologists research intervals between injuries, onset of conditions and death. As in the birth certificate information, maternal morbidity during pregnancy will also be included on the new standardized death certificates.

Stephanie Ventura, Chief of the Reproductive Statistics Branch of the Division of Vital Statistics at NCHS, anticipates that one of the most important results of the revisions to the birth certificates will be "substantially improved data quality, because the 2003 revision recommendations focus on the collection of data from appropriate sources through the use of standardized worksheets for the mother and the birth facility, using standardized definitions. The new guidelines also call for editing data at the source. Improved data quality will greatly increase the utility and reliability of the data for a wide array of research and monitoring purposes."

Effective January 1, 2003, Pennsylvania and Washington State have revised their birth certificates, and data should be available within about a year after the end of the 2003 data collection period, in the winter of 2004-2005 (personal communication, Ventura, August 2003). Additional states will be revising their certificates effective January 2004 and thereafter.

Beginning in 2003, revised death certificates have been implemented in New York City, Idaho, Montana, New York State, and California, and some state data on new items are expected to become available in 2003; about 19 other jurisdictions hope to implement revised death certificates by the end of 2004 (personal communication, Hoyert, August 2003).

For further information see: Division of Vital Statistics. Report of the Panel to Evaluate the U.S. Standard Certificates. Hyattsville, Maryland: National Center for Health Statistics. 2001. Available on the Internet at: http://www.cdc.gov/vital_certs_rev.htm

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Research: Indicators of Positive Development Conference

The Indicators of Positive Development Conference was held on March 12 and 13, 2003, in Washington, D.C. The intent of the conference was to bring together researchers from across the country who have previously been working alone or in small groups on positive development. From a scientific point of view, a broader vision needs to be developed that includes not only what society does not want for children, but also what society does want for children. The conference is part of a long-term effort to conceptualize, develop, and refine positive measures that could eventually appear in future surveys at the national, state, or local level, in research studies, and in program evaluations.

Twenty-three papers were commissioned on the subject areas of Character and Spirituality; Life Satisfaction and Hope; Positive Behaviors; Relationships; Time Use and Healthy Habits; Mastery Motivation, Achievement Task Values, and School Self-Regulation; Connectedness to School and School Engagement; Connection to Community and Civic Engagement; and Social Identity and Economic Behavior. In each of the papers, the authors reviewed existing measures of positive development that had been used in their field, presented measures used in their studies, and presented data on the reliability and validity of their measures. Each author was charged with assessing whether or not the measure is ready to be included in national databases and in the national indicators system to monitor child well-being.

Many of the measures presented at the conference helped to fill gaps that exist in currently available surveys on important constructs of child development. An inventory of character strengths by Drs. Christopher Peterson and Nansook Park, for example, is an aspect of development that is not emphasized in current studies. The study of spirituality, as discussed by Dr. Peter Benson and colleagues, is an area that is currently overlooked in many mainstream surveys. Measures of positive mental health such as life satisfaction, as presented by Dr. Scott Huebner and colleagues, and the presence of hope, as presented by Dr. C.R. Snyder, would be welcome positive additions to a mental health indicator system that is mainly focused on indicators of negative mental health.

A number of measures were presented that deal with relationships. Measures of intrapersonal functioning, including self-esteem, perspective taking, and empathy; interpersonal functioning, including peer relations and social initiative; and communication with mother and father were developed by Dr. Brian Barber. Analyses of a youth-reported scale on positive relationships with parents in the National Longitudinal Survey of Youth-1997 were presented by Dr. Elizabeth Hair and others from Child Trends. The often overlooked world of sibling relationships was captured in a scale by Dr. Brenda Volling and colleagues. The scales presented show that positive relationships with peers, parents, and siblings can be measured and are linked to positive functioning and development.

Attention was also focused on measures relating to adolescent functioning and development within schools. Measures such as motivational goals, as presented by Dr. Rob Roeser and colleagues, adolescents' self-perceptions of their abilities and task values, as presented by Dr. Jacquelynn Eccles and colleagues, and academic self-assessments, as presented by Dr. Christopher Wolters and colleagues, are valuable in assessing how adolescents feel about their abilities to succeed as well as their study and self-regulation skills, and how those abilities and skills relate to school achievement. Interpersonal measures such as students' perceptions of classroom interaction, as presented by Drs. Helen Patrick and Allison Ryan, students' connectedness to school, as presented by Dr. Clea McNeely, and school engagement, as presented by Dr. Jennifer Fredericks and colleagues, help broaden traditional measures of school processes and outcomes to encompass the fact that school is a critical social environment. Satisfaction in all aspects of that environment, academic as well as interpersonal, is an important part of an adolescent's success in school.

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Search Institute and America's Promise Team Up for New Survey

Local school districts and organizations have a new opportunity to measure how well their communities are providing supportive and nurturing environments for youth through the *Survey of Student Resources and Assets*. The survey was created through a partnership between the Search Institute and America's Promise: The Alliance for Youth, and is based on research by both of these organizations about the important components of nurturing environments for youth.

The questions in the survey cover the extent to which local communities provide the five fundamental resources identified by America's Promise (ongoing relationships with caring adults, safe places and structured activities during non-school hours, a healthy start for a healthy future, marketable skills through effective education, and opportunities to learn) and the 40 "building blocks of human development" that the Search Institute has found to be important in encouraging youth to thrive (such as family support and communication, perceptions of safety, positive adult role models, youth programs, school engagement, and peaceful conflict resolution).

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Indicators of Positive Development Conference *(continued)*

Other papers included topics such as positive behaviors by Dr. Silvia Epps and colleagues, prosocial orientation and community service by Drs. Peter Scales and Peter Benson, leisure time activities by Drs. Sandy Hofferth and Sally Curtin, healthy habits among adolescents by Dr. Kathleen Mullan Harris and colleagues, adolescent activity participation by Drs. Bonnie Barber and Margaret Stone, civic engagement by Dr. Scott Keeter and colleagues, frugality, generosity, and materialism by Dr. Tim Kasser, as well as a racelessness scale by Dr. Velma McBride Murry and colleagues, and an ethnic identity scale by Dr. Adriana J. Umana-Taylor.

Reaction to the conference by participants as well as paper authors and discussants was very positive. Katherine Wallman, chief statistician from the Office of Management and Budget, indicated that the federal government is receptive to the idea of including new positive indicators. She asked the research community to include her colleagues in the federal statistical system in the dialogue, and to share knowledge that is being developed on both sides on how to improve surveys and measures of child development. Dr. Kristin Moore, Child Trends President, expressed her hope during the wrap-up for continued collaboration with and among the paper authors in order to complete psychometric work, examine constructs in diverse populations, and assess their prospective validity, with the ultimate goal of emphasizing the positive development of children.

Child Trends is planning to publish the papers presented at this conference within the next year. A special edition of *The Journal of Adolescent and Family Health* will highlight five papers from the conference, and an edited book of conference papers will be published in early 2004 by Kluwer Academic/Plenum Press entitled *Conceptualizing and Measuring Indicators of Positive Development: What Do Children Need to Flourish?* A written conference summary can also be obtained by contacting Child Trends. This summary includes psychometric details about the papers, as well as audience discussion and comments.

The Bureau of Labor Statistics provided conference space. In addition, funding for the conference was provided by the following organizations: Child and Family Research Network of the National Institute of Child Health and Human Development; Edna McConnell Clark Foundation; Federal Interagency Forum on Child and Family Statistics; MacArthur Network on Successful Pathways Through Middle Childhood; John Templeton Foundation; the Office of the Assistant Secretary for Planning and Evaluation; and the Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

For more information, or to obtain a copy of the written conference summary, please contact Julie Dombrowski at jdombrowski@childtrends.org

Baltimore Neighborhoods by the Number

The Baltimore Neighborhood Indicators Alliance is composed of diverse groups committed to promoting, supporting, and making better decisions using accurate, reliable, and accessible data and information for improving the quality of life in Baltimore City neighborhoods.

This unique Alliance builds on and coordinates the related work of citywide nonprofit organizations, city and state government, neighborhoods, foundations, businesses and universities. The goal is to support and strengthen the principle and practice of well-informed decision making for change toward a shared long-term vision of strong neighborhoods and a thriving city.

The Alliance recently launched a new program that will help Baltimore residents stay updated about the condition of their neighborhoods and city. The Alliance developed Vital Signs for Baltimore Neighborhoods to measure progress over time toward common neighborhood outcomes and goals that characterize strong neighborhoods and a thriving city using specific indicators as the Vital Signs.

These Vital Signs were developed through a comprehensive community-driven process using standard criteria for good indicators, and bring together the work of several indicator and data providers in Baltimore City—such as the Family League/Baltimore City Data Collaborative, city agencies and others in a neighborhood framework.

Like the "vital signs" a doctor uses to determine a patient's health, these indicators are Baltimore's Vital Signs—useful measures of the health and strength of Baltimore neighborhoods over time. The project provides data about many important indicators of neighborhood quality, such as population and resources, as articulated by numerous stakeholders including residents, agencies, businesses, and others. Indicators included in the project are divided into seven topical areas: housing and community development; children and family health, safety and well-being; workforce and economic development; sanitation; urban environment and transit; education and youth; and neighborhood action and sense of community.

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Oregon Benchmarks: Social Indicators and Policy in a time of Fiscal Distress *(continued)*

While recognizing that indicators cannot establish causality, the OPB has worked towards linking public resources to results in a more meaningful way. State agencies are required to link their results-based performance measures to Oregon Benchmarks, many of which are at the core of the mission of state agencies. An evaluation of whether these performance measures meet specified criteria is conducted during the budget process. The OPB has been instrumental in developing guidelines for the state agencies to create performance measures and targets (these guidelines are available on the website), which were necessary for budget approval.

One weakness in Oregon's approach is that state agencies (and not just in Oregon) tend to develop their budgets and performance measures in isolation, even though their goals may be similar to those of other agencies. To counter this weakness, OPB will propose that a few key administration priorities, like child well-being, receive special treatment in the next budget cycle. Under this approach, relevant agency directors and state partners would develop key "drivers" and priorities for child well-being, overall, in advance of the next budget process. Illuminating the goals and benchmarks of each agency concerned with child well-being will, the Board hopes, shed light on areas of child well-being that overlap or receive too little attention. The goal of this exercise is not one of 'total integration,' but rather a goal of cooperation for improving children's well-being. If this exercise proves fruitful, other areas will be identified for such a review.

Tryens expresses enthusiasm for the potential of this process to develop indicators to inform policy decisions, but also emphasizes that it is important that we "not lose sight of the original vision" in the process, which includes quality jobs for all Oregonians; safe, caring and engaged communities; and healthy, sustainable surroundings.

The most recent assessment of the Oregon Benchmarks, released in March of this year, can be found along with other resources mentioned in this article at http://www.econ.state.or.us/opb/

Search Institute and America's Promise Team Up for New Survey *(continued)*

While many data collection efforts focus on particular risk behaviors or factors, this survey tries to paint a more complete picture of the lives of students by asking the youth themselves to describe how they see their school, family, and neighborhood environments.

According to Peter Benson, President of the Search Institute, "This survey provides an excellent portrait through the eyes of young people about how well their communities provide and support the developmental building blocks that every kid needs to succeed." The results of the survey, Benson said, can also serve as important motivation and mobilization tools for communities. In addition to giving young people "a voice in the process of change," the survey data can also help communities set goals and priorities in their future plans, particularly those relating to youth.

The survey includes 143 questions, and is designed for students in grades six through twelve. Individual schools or communities may purchase survey instrument packets from the Search Institute and then administer the survey in their communities. Once the survey has been conducted, the Search Institute will conduct data analyses and produce a report that covers the survey findings for that particular school or community. Somewhere between 12 and 24 communities have participated in the survey each year since 1998. While there are no current plans to combine community-level findings into an aggregate report, Dr. Benson indicated that such a report is possible in the future.

More detailed information about this survey is available from the Search Institute's website: http://www.search-institute.org/surveys/ap.htm

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Baltimore Neighborhoods by the Number *(continued)*

The Alliance introduced the Vital Signs in its baseline report, the *Vital Signs for Baltimore Neighborhoods Report*, launched in November of 2002. Rather than measuring specific programs, the Vital Signs attempt to provide a common framework by which all stakeholders can know the changing conditions of Baltimore neighborhoods over time; understand the potential impact their actions, strategies, and initiatives have on those conditions; and address the needs strategically and cooperatively for long-term neighborhood improvement.

This report includes an overarching vision, generalized goals, and specific indicators for each of the seven topical areas. These visions, goals, and indicators can also be viewed on the Alliance website (www.bnia.org) by clicking on the Vital Signs icon. Under "Education and Youth," for example, users would see the vision of "A city in which people are well educated and prepared to meet the challenges of today and the future." The goal listed in this area is for "Students [to] graduate as productive citizens ready for work, higher education, entrepreneurship and leadership," and the Vital Signs are to measure the extent to which the goals and visions are being achieved, such as dropout rates, absenteeism, and voting among youth.

Over time, The Alliance will track changes in these Vital Signs at the neighborhood level, allowing researchers, citizens and policy-makers to better understand trends within Baltimore's neighborhoods. The mid-cycle update of the *Vital Signs for Baltimore's Neighborhoods* is expected to be released in October of this year, and will provide the first opportunity for users to track trends in the measured indicators over time.

For more information about this project, please visit the Alliance website at www.bnia.org/vitalsigns/index.html

The initial report, *Vital Signs for Baltimore Neighborhoods*, is available for download at http://www.bnia.org/vitalsigns/project_reports.html

Recently Released Reports

New data available from the American Community Survey!
New 2002 population and housing data are now available for more than 800 geographical areas from the American Community Survey. Data are available for the nation, states, as well as counties and places with populations of 250,000 or more. Users can access the data in both tabular and narrative formats.

For more information, or to download data, visit
http://www.census.gov/acs/www/Products/Profiles/Single/2002/ACS/index.htm

America's Children: Key National Indicators of Well-Being 2003 was released in July, 2003 by the Federal Interagency Forum on Child and Family Statistics. The annual report brings together data from a wide variety of sources, covering topics that include health status, behavior and social environment, economic security, and education. For the first time, the 2003 report also includes previously unpublished 1990 and 2000 census data about changes in the lives of children in each state and the nation as a whole.

This report is available online at http://www.childstats.gov/americaschildren/

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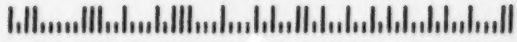

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